Form 5500-SF Short Form Annual Return/Report of Small Employe Benefit Plan							OMB Nos. 1210-0110 1210-0089			
Department o Internal Rev		This form is required to be fi		and 4065 of the Employee		2012				
	nt of Labor ecurity Administration	Retirement Income Security Act		ections 6057(b) and 6058(						
Pension Benefit G		Complete all entries in according	ordance with the instru	ctions to the Form 5500	-SF.	Ins	spection			
		lentification Information al plan year beginning 01/01/20	112	and ending 12	2/31/2	2012				
		a single-employer plan			2/31/2		ant plan			
A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer)       a one-participant p         B This return/report is:       the first return/report       the final return/report										
		an amended return/report		rn/report (less than 12 mo	nths)	1				
<b>C</b> Check box if	iling under:	Form 5558	automatic extension		, ,	ım				
		special extension (enter descrip								
Part II Ba	sic Plan Inform	nation—enter all requested infor	mation							
1a Name of pla	า				1b	Three-digit				
MORRIS NATHAN	IORRIS NATHANSON DESIGN, INC. 401(K) RETIREMENT PLAN				plan number (PN) ▶	001				
					1c	Effective date o				
						01/01	•			
2a Plan sponso MORRIS NATHAN		ess; include room or suite number C.	(employer, if for a single	e-employer plan)	2b	Employer Identi (EIN) 05-03	fication Number 40146			
163 EXCHANGE					2c	Sponsor's telep 401-72				
PAWTUCKET, RI	02860				2d	Business code ( 54140	see instructions)			
	<b>3a</b> Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address IORRIS NATHANSON DESIGN, INC. 163 EXCHANGE STREET						EIN 40146			
4 If the name	and/or EIN of the p	lan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b	EIN				
name, EIN, <b>a</b> Sponsor's na	and the plan numb	er from the last return/report.			4c					
· '		the beginning of the plan year			5a		9			
<b>b</b> Total number	er of participants at	the end of the plan year			5b		2			
	•	count balances as of the end of the			5c		2			
6a Were all of	the plan's assets d	uring the plan year invested in elig	gible assets? (See instru	ctions.)			🗙 Yes 🗌 No			
under 29 Cl	R 2520.104-46? (	e annual examination and report of See instructions on waiver eligibilit	ty and conditions.)				🗙 Yes 🗌 No			
		er line 6a or line 6b, the plan car								
Under penalties SB or Schedule I	of perjury and othe	incomplete filing of this return/r r penalties set forth in the instruction signed by an enrolled actuary, as te.	ons, I declare that I have	e examined this return/repo	ort, ir	cluding, if applic				
	with authorized/va	lid electronic signature.	05/21/2013	PHYLLIS NATHANSON	۷					
HERE Sigi	nature of plan adn	ninistrator	Date	Enter name of individua	al sig	ning as plan adr	ninistrator			
SIGN										
	nature of employe		Date	Enter name of individua						
Preparer's name	(including firm nan	ne, if applicable) and address; incl	ude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)			
	duction Act Nation	and OMB Control Numbers, see the i	natruations for Form FEO	A SE			Form 5500-SF (2012)			

Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
а	Total plan assets	7a	62148				41604			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	621486			41604				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from:									
	(1) Employers	8a(1)			_					
	(2) Participants	8a(2)	7000		_					
	(3) Others (including rollovers)	8a(3)	7626	) I	_					
	Other income (loss)	8b			_		70004			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_		76261			
	to provide benefits)	8d	64620	3						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	994	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					656143			
i	Net income (loss) (subtract line 8h from line 8c)	8i			_		-579882			
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b Part	2E 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature codes	from the List of Plan Charac	cterist	ic Coc	es in the i	nstructions:			
10	During the plan year:				Yes	No	Amount			
<u>a</u>				10a		x	Anount			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	lude transactions reported	10b		x				
С	Was the plan covered by a fidelity bond?			10c	Х		40000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	40000			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	of the benefits	s under the plan? (See	10e	x					
f	F the the plan failed to provide on the off when the under the plan?			TUE			9940			
	Has the plan failed to provide any benefit when due under the plan	n?		10e		X	9940			
g	Did the plan have any participant loans? (If "Yes," enter amount a			10f	X	X				
		s of year end	l.) ons and 29 CFR			X X	9940 2797			
	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	s of year end (See instructi ne required n	l.) ons and 29 CFR otice or one of the	10f 10g						
h	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	s of year end (See instructi ne required n	l.) ons and 29 CFR otice or one of the	10f 10g 10h						
h i	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	s of year end (See instructi me required n 1-3 ents? (If "Ye	I.) ons and 29 CFR otice or one of the s," see instructions and com	10f 10g 10h 10i	X	X lule SB (Fo	2797			
h i Part 11	Did the plan have any participant loans? (If "Yes," enter amount a         If this is an individual account plan, was there a blackout period?         2520.101-3.)         If 10h was answered "Yes," check the box if you either provided th         exceptions to providing the notice applied under 29 CFR 2520.10*         VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem	s of year end (See instruction) ne required n 1-3 ents? (If "Yes	I.) ons and 29 CFR otice or one of the s," see instructions and com	10f 10g 10h 10i	Schee	X lule SB (Fo	2797			
h i Part 11	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	s of year end (See instruction ne required n 1-3 ents? (If "Yes	I.) ons and 29 CFR otice or one of the s," see instructions and com	10f 10g 10h 10i	X Schec	X lule SB (Fo	2797			
h i Part 11 11a	Did the plan have any participant loans? (If "Yes," enter amount a         If this is an individual account plan, was there a blackout period?         2520.101-3.)         If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101         VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)         Enter the amount from Schedule SB line 39.	s of year end (See instruction ne required n 1-3 ents? (If "Yes requirements	I.) ons and 29 CFR otice or one of the s," see instructions and com s of section 412 of the Code	10f 10g 10h 10i	X Schec	X lule SB (Fo	2797			
h 	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	s of year end (See instruction ne required n 1-3 ents? (If "Yes requirements as applicabl ng amortized	I.) ons and 29 CFR otice or one of the s," see instructions and com s of section 412 of the Code e.) in this plan year, see instruction	10f 10g 10h 10i plete or se	X Scheo	X lule SB (Fo 11a 302 of ERI	2797			
h 	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	s of year end (See instruction ne required n 1-3 ents? (If "Yes requirements as applicabl ng amortized	I.) ons and 29 CFR otice or one of the s," see instructions and com s of section 412 of the Code e.) in this plan year, see instruction	10f 10g 10h 10i plete or se	X Scheo	X lule SB (For 11a 302 of ERI enter the da	2797			

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е	Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	X	Yes No	)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to				
1	3c(1)	Name of plan(s): 1	3 <b>c(2)</b> E	IN(s)	13c(	<b>3)</b> PN(s)	
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual	Return/Report of Benefit Plan	of Small Employ	yee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be	filed under sections 104 a			2012			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act	t of 1974 (ERISA), and se rnal Revenue Code (the C		8(a) of	This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation	Complete all entries in acc	cordance with the instru	ctions to the Form 550	0-SF.	mapection			
For calendar plan year 2012 or fisca	dentification Information	01/01/2012	and ending		12/31/2012			
	X a single-employer plan	r	lan (not multiemployer)		a one-participant plan			
B This return/report is:	the first return/report	the final return/report	,	1				
. [	an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check box if filing under:	C Check box if filing under:				X DFVC program			
special extension (enter description)								
	mation-enter all requested info	rmation		41-				
<b>1a</b> Name of plan MORRIS NATHANSON DESI	IGN, INC. 401(K) RET	IREMENT PLAN			Three-digit plan number (PN) ► 001			
				1c Effective date of plan 01/01/1997				
2a Plan sponsor's name and addree MORRIS NATHANSON DESI		r (employer, if for a single-	employer plan)		Employer Identification Number (EIN) 05-0340146			
163 EXCHANGE STREET	ion, inc.			2c	Sponsor's telephone number 401-723-3800			
					Business code (see instructions)			
PAWTUCKET	RI 02860				541400			
<b>3a</b> Plan administrator's name and MORRIS NATHANSON DESI		or Name Same as Plar	Sponsor Address		Administrator's EIN 05-0340146			
PAWTUCKET 4 If the name and/or EIN of the p	RI 02860	ne last return/report filed fo	or this plan, enter the	4b	EIN			
name, EIN, and the plan numb a Sponsor's name				4c				
5a Total number of participants at	the beginning of the plan year			5a	9			
<b>b</b> Total number of participants at	the end of the plan year			5b	2			
	count balances as of the end of th			5c	2			
6a Were all of the plan's assets d					,			
b Are you claiming a waiver of th	ne annual examination and report	of an independent qualifie	d public accountant (IQI	PA)				
	See instructions on waiver eligibili er line 6a or line 6b, the plan ca							
Caution: A penalty for the late or								
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and comple	signed by an #nrolled actuary, as	ons, I declare that I have well as the electronic vers	examined this return/rep sion of this return/report,	ort, ind and to	cluding, if applicable, a Schedule o the best of my knowledge and			
M. L. K.H	11-1/12/1	E Pd.	PHYLLIS NATHAN	ISON				
HERE Signature of plan adm	hugon/Mony Mall	Date /21/13			ning as plan administrator			
Alles I V	11. 1. 14	Ph 1	Enci name or mande	iai oigi				
HERE Signature of employe	MI CAPICATION	Date 5/21/12	Enter name of individu	ual sigr	ning as employer or plan sponsor			
Preparer's name (including firm nam	ne, if applicable) and address; inc	lude room or suite number	r (optional)	Prepa	arer's telephone number (optional)			
For Paperwork Reduction Act Notice a	and OMB Control Numbers, see the	instructions for Form 5500-	SF.		Form 5500-SF (2012) v. 120126			

Part III Financial Information		·							
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year		
a Total plan assets	7a	6.	2148	86				41604	
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	621486		86	5 410			41604	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a Contributions received or receivable from:									
(1) Employers	8a(1)								
(2) Participants	8a(2)		7676	-					
(3) Others (including rollovers)	8a(3)	76261							
b Other income (loss)	8b								
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	<u>8c</u>							76261	
to provide benefits)	8d	6.	4620	3					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		994	.0					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					65			
i Net income (loss) (subtract line 8h from line 8c)	8i						-	579882	
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics	l	L							
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions:		
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in t	he instructi	ions:		
Part V Compliance Questions						I			
10 During the plan year:				Yes	No		Amount		
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		X				
b Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
c Was the plan covered by a fidelity bond?			10c	X				40000	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d						
e Were any fees or commissions paid to any brokers, agents, or oth	er persons				Х				
insurance service or other organization that provides some or all o instructions.)	of the bene	fits under the plan? (See	10e	x	<u>х</u>			9940	
instructions.)	of the bene	fits under the plan? (See		x	X 		<u></u>	9940	
instructions.) <b>f</b> Has the plan failed to provide any benefit when due under the plan	of the bene	fits under the plan? (See	10f						
instructions.)         f         Has the plan failed to provide any benefit when due under the plan         g       Did the plan have any participant loans? (If "Yes," enter amount as	of the bene n? s of year e	nd.)		x x				9940 2797	
<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> </ul>	of the bene n? s of year e (See instru	nd.)	10f						
<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.</li> </ul>	of the bene n? s of year e (See instru	nd.) Indictions and 29 CFR	10f 10g		X				
instructions.)         f         Has the plan failed to provide any benefit when due under the plan         g       Did the plan have any participant loans? (If "Yes," enter amount as         h       If this is an individual account plan, was there a blackout period? (2520.101-3.)         i       If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10         Part VI       Pension Funding Compliance	of the bene n? s of year e (See instru ne required 1-3	fits under the plan? (See nd.) inctions and 29 CFR d notice or one of the	10f 10g 10h 10i	x	x				
<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	of the bene n? s of year e (See instru ne requirec 1-3 ents? (If ")	fits under the plan? (See nd.) Indictions and 29 CFR Inotice or one of the Yes," see instructions and com	10f 10g 10h 10i	X	X X ule SE		Ye	2797	
<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> </ul>	of the bene n? s of year e (See instru ne requirec 1-3 ents? (If ")	fits under the plan? (See nd.) Indice or one of the I notice or one of the Yes," see instructions and com	10f 10g 10h 10i	Sched	X X ule SE		······································	2797 s ] No	
<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	of the bene n? s of year e (See instru ne requirec 1-3 ents? (If ")	fits under the plan? (See nd.) Indice or one of the I notice or one of the Yes," see instructions and com	10f 10g 10h 10i	Sched	X X ule SE		Ye	2797 s    No	
<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> </ul>	of the bene s of year e (See instru ne requirec 1-3 ents? (If ") requireme as applica	fits under the plan? (See nd.) intions and 29 CFR d notice or one of the Yes," see instructions and com ents of section 412 of the Code able.)	10f 10g 10h 10i plete	X Sched	X X ule SE 11a 302 of	ERISA?	Ye	2797 s 🗌 No s 🔀 No	
<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>a If a waiver of the minimum funding standard for a prior year is bein granting the waiver.</li> </ul>	of the bene s of year e (See instru ne required 1-3 ents? (If ") requirement as application ag amortize	fits under the plan? (See nd.) inticions and 29 CFR intice or one of the fees," see instructions and com ents of section 412 of the Code able.) ed in this plan year, see instructions Mon	10f 10g 10h 10i plete or se	X Sched	X X ule SE 11a 302 of	ERISA?	Ye	2797 s 🗌 No s 🔀 No	
<ul> <li>instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> <li>h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,</li> <li>a If a waiver of the minimum funding standard for a prior year is bein</li> </ul>	of the bene s of year e (See instru ne required 1-3 ents? (If ") requirement as application ag amortize	fits under the plan? (See nd.) inticions and 29 CFR intice or one of the fees," see instructions and com ents of section 412 of the Code able.) ed in this plan year, see instructions Mon	10f 10g 10h 10i plete or se	X Sched	X X ule SE 11a 302 of	ERISA?	he letter r	2797 s 🗌 No s 🔀 No	

Form 5500-SF 2012

			· · · · · · · · · · · · · · · · · · ·		
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes 🗌 No	C	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes	X No
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	<b>3c(1)</b> Name of plan(s): 1	3c(2) E	IN(s)	13c(3	) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	<b>14b</b> ⊤	rust's EIN		